|  |  |            |                              | <del></del>        |          | r 10. 199                                    | <del></del>      | _    |                   |                        |      | <del></del>         |                         |
|--|--|------------|------------------------------|--------------------|----------|--|------------------|------|-------------------|------------------------|------|---------------------|-------------------------|
| CLAIMS AS FILED - PART ( . (Column 1) (Column 2) |  |            |                              |                    |          |  |                  |      | SMALL             |                        | OR   |                     | R THAN<br>ENTITY        |
| FOR NUMBER FILED                                 |  |            |                              |                    |          | NUMBER EXTRA                                 |                  |      | RATE              | FEE                    | ]    | RATE                | FEE                     |
| 3  | ASIC FEE                                 |            |                              |                    |          |  |                  |      |                   | 380.00                 | OR   | 840                 | -760:00                 |
| n  | OTAL CLAIMS 23 minus                     |            |                              |                    |          | 20= • 3                                      |                  |      | X\$ 9=            |                        | ОЯ   | X\$18=              | 54                      |
| N  | IDEPENDENT CLAIMS 2 minus                |            |                              |                    |          | 3=   |                  |      | X39=              |                        | OR   | X78=                |                         |
| 41   | ALTIPLE DEPENDENT CLAIM PRESENT          |            |                              |                    |          |  |                  |      |                   |                        | OR   | +260=               |                         |
| ŧ  | the difference                           | in colu    | mn 1 is                      |                    |          |  | column 2         |      | TOTAL             | <del> </del>           | -    | TOTAL               | 894                     |
| _  | 1/25/18                                  | EAM        | SASI                         | MENDE              | D-P      | PARTO  | •                |      |                   | L                      |      | OTHER               |                         |
| 4  | 21/04                                    |            | ann 1)<br>Nus                | <del></del>        |          | Column 2)                                    | (Column 3)       | · #  | SMALL             | ENTITY                 | OR   | SMALL               | ENTITY                  |
|  |  | REM        | AINING<br>TER<br>DMENT       | ·                  | PS       | NUMBER<br>REVIOUSLY<br>MAID FOR              | PRESENT<br>EXTRA |      | RATE              | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE  |
|  | Total                                    | · $lpha$   | 5                            | Minus              | -        | 25   | -                |      | X\$ 9-            |                        | OR   | X\$18=              | ·                       |
|  | Independent                              | • •        | 5                            | Maus<br>           | <u>-</u> | 3  | -2               |      | X39=              |                        | OR   | X78=                | 142                     |
| _  | FIRST PRESE                              | - A IMITO  | NOF BA                       | ALIE DE            | PEN      | DENT CLAIM                                   |                  |      | +130=             |                        | OR   | +260=               |                         |
|  |  | •          |                              | •                  |          |  |                  | L    | TOTAL<br>DOTE FEE |                        |      | TOTAL<br>ADOIT, FEE |                         |
|  |  |            | mn 1}                        |                    |          | olumni 2)                                    | (Calumn 3)       |      |                   |                        |      | APONIN LEGI         |                         |
|  |  | REMA       | UMS<br>UPONG<br>TER<br>DMENT |                    | PR       | HIGHEST<br>NUMBER<br>TEVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA | ſ    | RATE              | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE: |
|  | Total                                    | •          |                              | Minus              | -        | •  | . ·              | Ī    | X\$ 9-            | -1.5-                  | OR   | X\$18-              |                         |
|  | Independent                              | •          |                              | Minus              | -        |  | •                | ŀ    | X39=              |                        |      | 3078-               |                         |
|  | FURST PRESE                              | NTATIO     | NOFAR                        | LTIPLE DE          | PENO     | ENTOLAN                                      |                  | ŀ    |                   | ·                      | OR   |                     |                         |
|  |  |            |                              |                    |          | •  |                  | L    | +130=-            |                        | OR   | 4260=               | -                       |
|  |  | eCat.      | mn 1)                        |                    |          |  |                  | A    | DOTT. FEE         |                        | OR   | ADDIT. PEE          | <del></del>             |
|  |  | REMA       | MS<br>MANG<br>TER            |                    | PR       | COLUMN 2) HIGHEST HEAMBER HEVIOUSLY PAID FOR | PRESENT EXTRA    |      | RATE              | ADOI-<br>TIONAL<br>FEE |      | RATE                | ADOI-<br>TIONAL<br>FEE  |
|  | Total .                                  | . ·        |                              | Micro              | -        |  | -                | i    | X2 8=             |                        | OR   | X\$18=              |                         |
|  | Independent<br>FIRST PRESE               | •          | · ·                          | Minus<br>Table Con | _        |  | •                | 1    | X39=              |                        | OR   | 1078=               | ·                       |
| _1   | - west TRESE                             | ~!~!       | - WL                         | LISTLE DE          |          | ENT CLAIM                                    |                  | t    | +130=             |                        | OR   | +260=               |                         |
|  | I the entry in colu<br>I the Trighest Nu | on i is le | se Shan th                   | e entry in col     | m 2      | ente V in co                                 | luma 3.          | L    | TOTAL             |                        |      | 1024                |                         |
| •  | I the Tighest Mus<br>The Tighest Mus     |            | district Po                  |                    | 15 CO    | Marie de la compansión de                    |                  |      | DOT. FEE          | propriete bo           | OR . | ADDIT FEE           |                         |
|  | 770-679                                  |            | <del>.          </del>       |                    |          |  |                  | Puin | Card Trade        | net Olim U             | 2.00 | With the Co         | COLUMN                  |
| ••1  |  |            | `. <b>.</b>                  |                    |          | ·*:  |                  |      |                   | <b></b>                |      |                     |                         |
|  |  | ٠          |                              | , zanista          |          |  |                  |      |                   |                        |      |                     |                         |